This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
02/19/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_			
A	ACCOUNTING	PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2018/2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
	Instructions		
В	Give the ful	s: I legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title diary, not that of the parent corporation.	
Owner	List any other	er name or names under which the owner conducts the business of the cable system.	
		re different owners during the accounting period, only the owner on the last day of the accounting period should submit a ment of account and royalty fee payment covering the entire accounting period.	
	Check here	if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	565
	LEGAL N	IAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Zito Canto	on LLC	
	BUSINESS	S NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Zito Media	1	
	MAILING A	ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box (Number, stre	t 665	
	Couder (City, town, st	sport, PA 16915	
	1, ,,	- 17	
С		i: In line 1, give any business or trade names used to identify the business and operation of the system ur ppear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	IDENTIFICA	ATION OF CABLE SYSTEM:	
	Zito Me	dia - Canton	
	MAILING A	DDRESS OF CABLE SYSTEM:	
	2 (Number stre		
	(et, rural route, apartment, or suite number)	
	(City, town, st	ate, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
	7ite Conton I I C	
	Zito Canton LLC	565
D	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or note.	at you list will serve as a form of system identification hereafter knowrings.
Area		nobile florite parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Canton Borough	PA
Community	Alba	PA
	Grover	PA
dd Rows as Necessary	Canton Township	PA
,	Ward Township	PA
	Leroy/Canton	PA
	Ecroy/ Santon	
	181181181181181181181181181181181181181	
	181181181181181181181181181181181181181	

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

565

Zito Canton LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	409	25.23				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
					İ	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		• Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2018/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 565 Zito Canton LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WNEP Scranton PA** 16.1 WYOU 22.1 N **Scranton PA WBRE** 28.1 Ν Wilkes-Barre PA Add Rows as Necessary **WSWB** 38.1 ı **Scranton PA** WOLF 56.1 Ν **Hazelton PA WVIA** 44 Ε **Scranton PA WQMY** 53.1 Williamsport PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Canton LLC 56

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 010::		0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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counting Perio									FURIV	I SA1-2E. PAGE :
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							SYSTEM ID:
Name	Zito Canton LLC									56
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PRO	OGRAM I O	G				
		_	_				tion, that v	our cab	ole syst	tem carried on a
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special tatement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	li i i i ii ii i i i i i i i i i i i i							Y	ES	X NO
	Note: If your answer is "No", leave the rest of this page blank. If your answer is						nust com	plete th	e proq	
	log in block 2.		·	,					. 0	
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subsclear. If you need more spa					wherever po	ossible, if	their m	eaning	j is
	Column 1: Give the title					program") tl	hat, durin	g the ac	ccounti	ing
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		5 VIOC 01 BUCI	otbail. Liot op	oomo progra		oxampio,	. 2010	Lacy	0.
	Column 2: If the progra Column 3: Give the call									
	Column 4: Give the bro						censed by	the FC	CC or, i	in
	the case of Mexican or Ca	nadian stati	ons, if any, the	community w	ith which the	e station is id	entified).			
	Column 5: Give the mo first. Example: for May 7 g		when your sy	stem carried th	ne substitute	program. Us	se numer	als, with	n the m	nonth
	Column 6: State the tim		e substitute pr	ogram was ca	rried by your	r cable systei	m. List the	e times	accura	ately
	to the nearest five minutes		a program car	ried by a syste	m from 6:01	:15 p.m. to 6	:28:30 p.	m. shou	ıld be	•
	stated as "6:00–6:30 p.m."		listed program	m was substitu	ted for progr	ramming that	VOUR SVS	tem wa	s reau	ired
		Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	to delete dilder i do raies	and regulat	ions in effect of	luring the acco		•	etter "P" i		ted pro	
	was substituted for prograi	mming that			unting perio	d; enter the I		f the lis		
		mming that			unting perio	d; enter the I		f the lis		
	was substituted for prograteffect on October 19, 1976	mming that	your system w	as permitted to	unting perio	d; enter the ler FCC rules	and regu	f the lis ulations TITUTE	in .	ogram
	was substituted for prograteffect on October 19, 1976	mming that	your system w	ras permitted to	unting perio	d; enter the I er FCC rules WHE CARRI	and regu N SUBS [*] AGE OC	f the lis ulations FITUTE CURRE	in .	ogram 7. REASON FO
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	was substituted for prograt effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to	ounting period o delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	and regu N SUBS [*] AGE OC	f the lis ulations FITUTE CURRE	in E	ogram 7. REASON FO
	was substituted for prograt effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to	ounting period o delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	N SUBSTAGE OC	f the lis ulations FITUTE CURRE	in E	ogram 7. REASON FO
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	was substituted for prograt effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to	ounting period o delete und	d; enter the I er FCC rules WHE CARRI. 5. MONTH	N SUBSTAGE OC	f the lis ulations FITUTE CURRE	in E	ogram 7. REASON FO
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	S'	YSTEM ID# 565					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	5,618.54 ss receipts)					
L Copyright Royalty Fee								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon						
	Line 1. Royalty fee for accounting period	. \$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,							
	1. Base amount under statutory formula	•						
	Enter amount of gross receipts from space K	_						
	3. Subtract line 2 from line 1	_						
		_						
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)						
	Enter the amount of gross receipts from space K	_						
	2. Base amount under statutory formula	_						
	3. Subtract line 2 from line 1	_						
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
	PILING FLE AND TOTAL REWITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		nts!					

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 565
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	fou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period. If number of channels on which the cable it television broadcast stations is all number of activated channels is able system carried television broadcast stations is cast services in the number of activated channels is able system carried television broadcast stations is cast services in the number of activated channels is able system carried television broadcast stations is activated channels in the number of activated channels is activated channels in the number of activated channels is activated channels in the number of activated channels is activated channels in the number of activated channels is activated channels in the number of activated channels is activated channels in the number of activated channels is activated channels in the number of activated channels in the number of activated channels is activated channels in the number of activated channe	7 65
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-260-0	434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Owne) (Agent in I) X (Office)	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, but only one, of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified I of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cabline 1 of space B.	
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/26/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2018/2			FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CAB	ELE SYSTEM:		SYSTEM ID#
o Canton LLC			565
The Satellite Home Viewer lowing sentence: "In determining the t service of providing scribers and amount For more information on who located in the paper SA1-2 During the accounting periomade by satellite carriers to	total number of subscribers and the g secondary transmissions of primary b ts collected from subscribers receiving then to exclude these amounts, see the form.	CEIPTS EXCLUSIONS n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
	ere and list the satellite carrier(s) below	w\$	
Name Mailing Address		Name Mailing Address	
INTEREST ASSESSM		showitted as a result of a late was most as underway many	
•	* * * * *	ubmitted as a result of a late payment or underpayment. general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount o	of late payment or underpayment	x1%	Interest Assessment
Line 2 Multiply line 1 by th	ne interest rate* and enter the sum he	re	
		x days	
Line 3 Multiply line 2 by the	ne number of days late and enter the s	x 0.00274	
Line 4 Multiply line 3 by 0.	.00274** and enter here		
in space L, (page 6)) block 1, line 2, or block 2 line 8, or b		
		(interest charge)	
	ate chart click on www.copyright.gov/l Division at (202) 707-8150 or licensin	licensing/interest-rate.pdf. For further assistance please ng@loc.gov.	
** This is the decimal ed	quivalent of 1/365, which is the interes	st assessment for one day late.	
•		ecount already submitted to the Copyright Office, please r, and accounting period as given in the original filing.	
Owner			
Address			
ID number			
First community served			

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